

HOME SCHOOL REPORT

GALLATIN COUNTY SUPERINTENDENT OF SCHOOLS

Mary Ellen Fitzgerald
311 West Main, Room 107
Bozeman, MT 59715

Dear Parent:

To assist in annual notification of your intent to home school your child/children, please complete the following form. It will ensure compliance with Section 20-5-109 (5), MCA and that you are notified of opportunities to participate in federal programs. You can mail this form or fax it to **582-3093**. You can also email the following information to lskelton@metnet.mt.gov. Please contact our office at **582-3090** if you have any questions.

I have _____ student (s) attending a home school for the school year 2006-2007.

I reside in school district # _____. **OR** My child(ren) would attend _____
school (if they were to attend public school).

Student's Name	Date of Birth*	Elementary ** (E) High School ** (H)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Section 20-5-109, MCA, Nonpublic school requirements for compulsory enrollment exemption. To qualify it's students for exemption from compulsory enrollment under Section 20-5-102, MCA, a nonpublic or home school shall

- (1) maintain records on pupil attendance and disease immunization and make the records available to the County Superintendent on request;*
- (2) shall provide the minimum aggregate hours of pupil instruction in accordance with 20-1-301 and 20-1-302;*
- (3) be housed in a building that complies with applicable local health and safety regulations;*
- (4) provide an organized course of study that includes instruction in the subjects required of public schools;*
- (5) in the case of home schools, shall notify the County Superintendent of Schools, of the county in which the home school is located, in each school fiscal year of the student's attendance at the school.*

Parent or Guardian (print or type)		Parent or Guardian (signature)	
Address		Date	
City	State	Zip	Phone

* Optional: This information assists the county superintendent in determining whether compulsory attendance requirements are applicable.
** Optional: Data used for statistics on trends in Home Schooling for the State of Montana.

For Office Purposes HS Name _____ Parent Name _____

HS/HSRPT2.D Fed. _____ Atnd. _____ Imu. _____
05/31/2006 Records Requested _____ Records Received _____